Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information united & displays a yeld CNMS control number. Approved for use through 7/31/2008, OMB 0651-0032 U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-675 Application of Docket Huge Effective December 6, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBEREXTRA BASICFEE RATEO FEE () (3) CFR 1 1901 101 0 (C)) THA RATE (\$) N/A SEARCH FEE FEE (I) NA 150.00 137 CFR 1 16(4) (1) or (17) N/A 300.00 N/A N/A EXAMINATION FEE NA \$250 (37 CFR 1 16(0), (0), or (Q)) NIA HA \$500 HIA TOTAL CLAIMS NA \$100 (37 OFR 1 16(1) NIA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 ()) OFR 1 16(h)) X\$50 OR minus 3 a X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE Is \$250 (\$125 for small entity) for each (37 OFR 1 16(1)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1 16(1)) +180= +360<sub>\*</sub> \* If the difference in column 1 is less than 2010, enter 10" in column 2. TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS SMALL ENTITY OR HIGHEST SMALL ENTITY ⋖ REMAINING NUMBER PRESENT AFTER ENT RATE (S) PREVIOUSLY ADO: EXTRA RATE (\$) MENDMENT ADOL. Total OFCER 1.16(1) PAID FOR TIONAL Minus TIONAL FEE (S) ENDM FEE (\$) independent Offer Light X\$ 25 X350 Minus OR X100 Application Size Fee (37 CFR 1.16(s)) X200 OD = FIRST PRESENTATION OF MULTIPLE DEPCHOENT CLAIM +180= +360= OR TOTAL IATOT ADO'L FEE OR (Column 1) ADO'L FEE (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\alpha}$ REMAINING NUMBER PRESENT **AFTER** AMENDMENT RATE (S) PREVIOUSLY ADDI-AMENDMENT **EXTRA** RATE (\$) PAID FOR ADDI-TIONAL Total (37 CFR 1.16(1)) TIONAL Minus FEE (S) FEE (1) X\$ 25 . Independent Of CFR 1.18hill. Minus OR X\$50 X100. Application Size Fee (37 CFR 1.16(s)) X200 OB FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the iPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent I Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

+180=

ADD'L FEE

TOTAL

+360=

ADD'L FEE

TOTAL

OR

OR ,

<sup>.</sup> If the entry in column 1 is less than the entry in column 2, write "o" in column 3.